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**\*\* CONTINUING DATA \*\*\*\*\***  
 None STL

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 None STL

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	STL Initials			

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**TITLE**  
 Antireflective hardmask and uses thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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